SECTION #3 – Nai	me Change for	a Partner	ship/Corp	oration		
been lost, must be	orporation's plastic returned with this o uired to receive a co	completed for	m.	atement, indicating tha	t the card has	
Check One: Louisiana Resident Louisiana Partnerships/Co A copy of the amended ch				th the Louisiana Secretary	of State.	
☐ Non-Residents Non-Resident Partnerships indicates the name change			te of License S	tatus from their domiciliar	y state that	
License #	is currently issued	in the following	name:			
The new name of our Partners	ship/Corporation is:				·	
Partnerships/Corporations cur	rent address:	ess or P.O. Box				
	City			State	Zip	
					20	
Signature of Licensed Member	er		Date			
SECTION #4 – Ad	dition and Del	etion of Mo	embers for	r a Partnership/C	Corporation	
 <u>All</u> active members of your Partnership/Corporation must be listed with The Louisiana Department of Insurance even if they do not hold an individual Louisiana agents license. Please complete the entire section. If the member does not own financial interest, please indicate N/A. 						
Name of Corporation	<u> </u>	License #:				
Addition of Memb	ers – New and A	Active Men	nbers of th	e Partnership/Cor	poration	
Name of Member		Position	License #	Social Security #	Financial %	
			1	11.70		
Deletion of Members Name of Member	– Members No L	onger Affilia Position	ted With th	e Partnership/Corpoi Social Security #	ration Financial %	
Name of Member		1 OSICIOII	License #	Social Security #	Tillaliciai /0	
					20	
Signature of Licensed Men	nber		Date			

CHANGE OF RECORD FORM

COMPLETE ONE SECTION OF THIS FORM ONLY

SECTION #1- Adding a Trade Name To A	n Individual Lice	ense	
 Your plastic license card must be returned with In order to receive a corrected license card, a \$ 	-		
Check One: Louisiana Resident Residents must submit a certificate from the Secretary of St	tate's office showing the	addition of the trade	e name.
 Non-Residents Non-Residents must submit a letter of certification from the 	eir home state showing the	he addition of the tra	de name.
I presently hold license #issued in the following is am the sole owner of the agency listed below and wish to have authorized to use this TRADE NAME .	name: /e my license record ame	ended to indicate that	t I am
Print new Trade Name	Signatur	re of Owner	
Street Address or P.O. Box City State	Zip Date		_20
SECTION #2 – Name Change For an Indiv	/idual License Oi	nly	
 All individuals requesting a name change must name has been changed (a copy of your driver' Your plastic license card or a signed statement, submitted with this completed form. A \$15.00 fee is required to receive a corrected l 	provide legal docum s license <u>is</u> acceptable , indicating that the li	entation that shov	
I presently hold license #issued in the following	g name		·
I have changed my name to			·
My current address is Street Address or P.O. Box	City	State	Zip .
Signature of Individual Changing Name	Date	20)